

Exhibit D

The Oregon Health Sciences University TIME AND ATTENDANCE RECORD

Print or Type

Last Name

First Name

M.I.

SSN

Department

Pay Period

85

Rate

Mo.

Work Week Begins

TKU No

Hatcher Karen F

540 70-6204

CIC

July

88

Pay

Acc

Pay

Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Pay	Acc	Pay
	Regular	8	-	-	9	8	8	8	8	-	-	-	-	-	-	-	8	8	7	6	8	-	-	8	8	8	8	8	8	8	-	-		
Reg. (Other)																																		
Overtime																																		
Holiday																																		
Shift Diff.																																		
On Call																																		
Special Duty																																		
Sick Leave																																		
Vacation																																		
Holiday																																		
Taken																																		
Other Paid Leave																																		
Personal																																		
LWP																																		
LWOP																																		

Leave Accruals

	Sick	Vacation	Holiday /Comp	Other Paid Leave	Personal
Beg. Bal.	113	110			
Earned	8	0			
Used	1	40			
End. Bal.	120	66			

I certify that the above hours are correct and
properly chargeable to the accounts designated.

Remarks:

Payroll Use Only

Employee

Supervisor

Accounting Distribution

TOTAL

Time Card No.	Payroll.	Int.
	"M	EC-1
	TC	EC-2

White
Yellow
Pink

Payroll
Department
Employee